U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18167	2. Fiscal Year Covered From:
·	1 / 1 / 2004 Through: 12/31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name RICHARD SABATO	Name UA_PLUMBERS_LOCAL_14
	Labor Organization File Number 055–880
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 87 Birchwood Drive	Street 150 Main Street
City Elmwood Park	City Lodi
State NJ ZIP Code + 4 07407	State N.J ZIP Code + 4 07644
5. Position in labor organization. BUSINESS AGENT AND TR	USTEE
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Binsky & Snyder Inc. Trade Name, if any:	Lunch Meeting — November 2004
P.O. Box, Bldg., Room No., if any	
Street 281 Cenntennial Avanua	7.b. Amount.
Street 281 Cenntennial Avenue	
City Piscataway	\$75.00
State NJ ZIP Code + 4 08854	
Signa	
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ING (Ocuments) has been examined by the signatory and is, to the boot of the
Signed Richard Subater	On 8/11/05 973-473-5544 Telephone Number

C .				
Name of Person Filing RICHARD SABATO		File Number U-	· · · · · · · · · · · · · · · · · · ·	*****
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organized. 8. Name and address of Business (including trade name, if any). Name UA PLUMBERS LOCAL 14 Trade Name, if any: PENSION FUND P.O. Box, Bldg., Room No., if any Street 150 Main Street City Lodi State NJ ZIP Code + 4 07644	rwise dealing with the business ively seeking to represent, or directly to, or otherwise			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.	era yanan kan kindan manan kan kan kan kan kan kan kan kan kan	
Name UA PLUMBERS LOCAL 14 PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trustee Train Registration			
Street 150 Main Street City Lodi	11.b. Approximate dollar value	of such dealing.	\$430.76	
State NJ ZIP Code + 4 07644	12.a. Nature of interest held	or income received.		PM-10-In-university
	12.b. Amount.		Para Sarah sa ana and palainin kanaganga sa magapata sa katalan gagara sa sa sa Managangangan sa sa managangan sa	TO COLO TABLE
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	1,1,1,4,4,4,4		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	in deliberation control of production is control or deliberation as to be desired production and control or ag		arme annungary .
Name				e v Colorena como esta de como
Trade Name, if any:				

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Name of Person Filing RICHARD SABATO	File Number U-	
theld an interest in or derived income or economic benefit with monetary valubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act any part of which consists of buying from or selling or leasing directly or in ealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization. Name and address of Business (including trade name, if any). Name UA PLUMBERS LOCAL 14 Trade Name, if any: WELFARE FUND C.O. Box, Bldg., Room No., if any Street 150 Main Street Sity Lodi State NJ ZIP Code + 4 07644	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
D. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	****
Trade Name, if any: 2.0. Box, Bldg., Room No., if any	Trustee Training Seminar Registration and Expenses 4/15/04 to 4/16/04	
treet 150 Main Street	11.b. Approximate dollar value of such dealing.	\$430.76
ity Lodi	12.a. Nature of interest held or income received.	
ziP Code + 4 07644		
	12.b. Amount.	City (a) the representative or the rest of 2 contents of the representative and a content of the representative or the rest of the rest

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name UA PLUMBERS LOCAL 14 Trade Name, if any: WELFARE FUND P.O. Box, Bidg., Room No., if any Street 150 Main Street City Lodi 10. If 9 b. or 9 c. is checked give trust or employer's name. Name PLUMBERS LOCAL 14 WELFARE FUND Trade Name, if any: Street 150 Main Street City Lodi 11.a. Nature of such dealing. Trustees Conference Expenses 2/21/04 to 2/26/04 11.b. Approximate dollar value of such dealing. \$ 11.a. Nature of interest held or income received.	
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City Lodi 11.b. Approximate dollar value of such dealing. \$7	
12.a. Nature of interest held or income received.	705.83
State NJ ZIP Code + 4 07644	
12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment.	
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	

P.O. Box, Bldg., Room No., if any Street	
P.O. Box, Bldg., Room No., if any Street	